



KHPA Strategic Plan 2009-2012

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Executive Summary

This document provides the strategic direction for KHPA policies and programs as determined by the KHPA Board, and creates the framework to help make decisions on allocation of resources, including both capital and people. The strategic plan will be used to guide programs and policies throughout the year and serve as a “living document” in that it will be reviewed and updated annually at the KHPA Board retreat to reflect potential federal/state legislative, administrative, or budgetary changes. KHPA staff will use the Strategic Plan as a guide when developing new policies and implementing new programs and services. This strategic plan also contains the KHPA Agency Performance Measures tied to the overall agency goals:

- 1) KHPA will advance a consistent, coordinated health policy agenda informed by rigorous data analysis and stakeholder input;
- 2) Using leadership and management best practices, KHPA will be a desired place to work and KHPA programs and services will be recognized as innovative, efficient and effective.

Background

Vision Statement: Kansas Health Policy Authority: Coordinating health and health care for a *thriving* Kansas.

Mission Statement

As expressed in the statute that created the KHPA (KSA 2005 Supp. 75-7401, *et seq.*) the mission of Kansas Health Policy Authority (KHPA) is “to develop and maintain a coordinated health policy agenda which combines the effective purchasing and administration of health care with health promotion oriented public health strategies. The powers, duties and functions of the Kansas Health Policy Authority are intended to be exercised to improve the health of the people of Kansas by increasing the quality, efficiency and effectiveness of health services and public health programs.”

History of KHPA

The Kansas Health Policy Authority was established by the 2005 Kansas Legislature with passage of SB 272. The general charge of the Authority is to improve the health of Kansans and to develop and maintain a coordinated health policy agenda that combines effective purchasing and administration of health care with health promotion oriented public health strategies. One of the primary reasons for consolidating the Medicaid/HealthWave Programs and the State Employee Health Plan into a single agency was to leverage the combined purchasing power of the state to achieve greater efficiency and cost-savings.

Vision Principles

This mission statement is clarified through a series of vision principles developed by the KHPA Board of Directors in early 2007. The vision principles are values that provide the guiding framework of the Board and agency. These principles reflect the Board's application of their statutory mission to the full range of health policies within their purview. The principles provide direction to the agency in its ongoing work and in developing new initiatives and programmatic proposals.

Access to Care—Every Kansan should have access to patient-centered health care and public health services ensuring the right care, at the right place, and the right price. Health promotion and disease prevention should be integrated directly into these services.

Quality and Efficiency in Health Care—The delivery of care in Kansas should emphasize positive outcomes, safety and efficiency and be based on best practices and evidence-based medicine.

Affordable and Sustainable Health Care—The financing of health care and health promotion in Kansas should be equitable, seamless, and sustainable for consumers, providers, purchasers and government.

Promoting Health and Wellness—Kansans should pursue healthy lifestyles with a focus on wellness—to include physical activity, proper nutrition, and refraining from tobacco use—as well as a focus on the informed use of health services over their life course.

Stewardship—The Kansas Health Policy Authority will administer the resources entrusted to us by the citizens and the State of Kansas with the highest level of integrity, responsibility and transparency.

Education and Engagement of the Public—Kansans should be educated about health and health care delivery to encourage public engagement in developing an improved health system for all.

KHPA Agency Goals

The KHPA Executive Director with her leadership team and senior managers developed two broad goals and several specific objectives for the agency in 2008. These goals and objectives resulted from discussions about the progress made during the development of health reform recommendations, managing the programs under the purview of KHPA, and after reviewing the 2008 Legislative Session. These goals were reviewed and supported by the KHPA Board at the June 2008 Board retreat. Working under the direction of the Executive Director and the Chief Finance and Operations Officer, staff then developed objectives consistent with the goals and informed by feedback from numerous stakeholders. The objectives and strategies outlined in this plan are designed to advance KHPA over the next three to five years as an agency focused on improving health and health care in Kansas, consistent with the mission and KHPA Board Vision Principles.

Selection of Goals

KHPA has a broad mandate to not only operate the substantial programs under our jurisdiction in a cost effective and efficient manner, but also to think beyond our programs and develop a statewide coordinated health agenda. Our statutory mandate and structure requires KHPA to identify efficiencies and improve the effectiveness of our program responsibilities, but with a vision toward greater coordination. KHPA was created to identify and propose solutions to the big problems. The proposed goals identify changes in management approach and performance management to improve our programs. Special emphasis is focused on improving the quality of health care, improving the efficiency of the health care system, and targeting areas of unmet need.

The goals and objectives fit the current environment KHPA operates within and address many of the broad realities of starting a new agency. The KHPA leadership and senior management team recognize that there are still several key parts of our infrastructure that need to be developed. As a fairly young agency, the organizational culture is primed for shaping. Many of the KHPA staff are new to KHPA and new to state government, creating an opportunity to guide employees to our core values of innovation, transparency and accountability. We can also create more training and personal development to encourage employees to develop new skills and abilities, while creating structures to reward high achievement and a culture of high expectations.

The goals and objectives listed below create the framework that will guide the KHPA over the course of the next three to five years. This plan contains two Appendices: Appendix A outlines the Agency Performance/Budget Measures tied to the overall agency goals and Appendix B describes the Health Indicators which will be used to assess the overall health status of Kansas and evaluate the performance of existing programs. Over the course of the next six months, senior managers will work with staff throughout the agency to develop specific performance outcomes/measures tied to each objective.

Goal 1. KHPA will advance a consistent, coordinated health policy agenda informed by rigorous data analysis and stakeholder input.

Objective 1.1: Develop a medical home model to transform the delivery of health care services and incorporate this model into the Kansas HITECH Plan; use a strong stakeholder process in order to achieve appropriate feedback and buy-in.

Objective 1.2: Use and integrate health data through health indicator “dashboards” to improve data-driven policy recommendations and decisions.

Objective 1.3: Develop a user-friendly information system infrastructure to support data-driven decision making and effective management of the data resources entrusted to KHPA.

Objective 1.4: Develop and provide consumer health care cost and quality information to empower consumers to be better purchasers of health care.

Objective 1.5: Develop and recommend an annual, coordinated health policy agenda to improve the health status and health care delivery system in Kansas.

Objective 1.6: Evaluate the health care professions workforce in order to ensure appropriate health care access across Kansas.

Objective 1.7: Provide user friendly, pertinent and timely health and agency related communications to internal and external audiences using a full array of information consumer outlets.

Objective 1.8: Implement agency performance reporting to link resource allocation to opportunities for greatest improvement in agency operational efficiency.

Goal 2. Using leadership and management best practices, KHPA will be a desired place to work and KHPA programs and services will be recognized as innovative, efficient and effective.

Objective 2.1: Implement an annual data driven process of Medicaid program reviews to transform Kansas Medicaid.

Objective 2.2: In order to promote best practice management develop a quality oversight program for Medicaid and the State Employee Health Plan.

Objective 2.3: Promote expanded adoption of innovative in order to improve quality and efficiency in health care delivery to enrollees of Medicaid, SEHP and private insurance plans.

Objective 2.4: Implement a care management program for the aged and disabled Medicaid population to ensure coordination of care for the aged disabled population in order to improve health care outcomes.

Objective 2.5: Promote the health and wellbeing of individuals with disabilities by increasing opportunities for competitive and integrated employment, as well as awareness of the positive impact employment and community inclusion has on health outcomes and quality of life.

Objective 2.6: Evaluate the programs of the State Employee Health Benefits Program for program enhancement and innovation.

Objective 2.7: Evaluate and expand appropriate business software technology solutions to improve interagency coordination, efficiency, and cost-effectiveness.

Objective 2.8: Ensure legal services are provided to KHPA program areas in a responsive, competent and efficient manner.

Objective 2.9: Conduct internal audits, reviews, and investigations in accordance with applicable professional standards and in partnership with other program integrity departments and oversight agencies.

Objective 2.10: Provide the KHPA Board with essential management and resources to ensure effective and lawful governance and appropriate oversight of the agency's policies, programs and operations as described in the legislative language that established the Board.

Objective 2.11: Consistent with a model health agency, define the culture of KHPA to promote health and professionalism.

Objective 2.12: Develop KHPA staff through deliberate training and evaluation of development opportunities.

Objective 2.13: Develop a seamless human resources system that supports agency initiatives, fosters professional growth and development and establishes KHPA as an employer of choice.

Surveying the Landscape

Looking ahead to the next three to five years, we acknowledge that Kansas faces serious economic and fiscal challenges. Kansas was one of only ten states in 2007 where the number of uninsured increased, from 11.3% in 2005-2006 to 12.5% in 2007. Nationwide, health insurance premiums have increased at an alarming rate -- 119% since 1999 -- more than three times the rate of increase in employee wages (34 percent) and more than four times the rate of increase in inflation (29 percent) over the same time period. We also acknowledge that these challenges present a kind of double-edged sword for the state: increased demand for publicly-funded health services; and fewer resources available to pay for them. Because of that, we believe now it is more important than ever to leverage the resources we have to provide the best possible service to Kansans in the most effective and cost-efficient manner possible. The overall goals and objectives in our Strategic Plan seek to do just that.

Objective 1.1: Develop a medical home model to transform the delivery of health care services and incorporate this model into the Kansas HITECH Plan; use a strong stakeholder process in order to achieve appropriate feedback and buy-in.

Primary purpose: To implement a medical home model in KHPA health care programs consistent with the state definition and in alignment with the Kansas HITECH Plan, which will result in improving the coordination and quality of health care services and improving the overall health of Kansans.

Background/Issue Statement: The medical home concept and its focus on primary and preventive care was one of three tenets of the Kansas Health Policy Authority's health reform package in 2007. The goal of the medical home is to improve the quality of primary health care, promote improved health status, and help to curb the rising costs of health care through better care coordination. The KHPA health reform recommendations developed a number of policy recommendations in consultation with providers and consumers across the state designed to advance the medical home model in Kansas, including:

- Defining a medical home in statute and encouraging Medicaid, HealthWave and State Employee Health Benefit Plan (SEHBP) beneficiaries to select a medical home for primary care services;
- Increasing Medicaid/HealthWave reimbursement for the coordination of health care services with a focus on consumers/patients and primary care services consistent with a medical home and "value-based health care";
- Developing and promoting health information exchange through a statewide Community Health Record for Medicaid/HealthWave beneficiaries and for the SEHBP recipients;

During the 2008 legislative session, the passage of House Substitute for Senate Bill 81 defined the Kansas medical home in statute as: "a health care delivery model in which a patient establishes an ongoing relationship with a physician or other personal care provider in a physician-directed team, to provide comprehensive, accessible and continuous evidence-based primary and preventive care, and to coordinate the patient's health care needs across the health care system in order to improve quality and health outcomes in a cost effective manner." The bill also instructed KHPA to incorporate the use of the medical home model into Medicaid, HealthWave, the MediKan program, and the State Employee Health Plan (SEHP), and to develop systems and standards for the implementation and administration of a medical home in Kansas.

KHPA is now taking steps to make the medical home concept operational. In June 2008, several KHPA staff members attended the Commonwealth Fund's State Quality Improvement Institute, where they discussed strategies for developing and implementing the medical home in Kansas. KHPA seeks to transform the health care system from one that reacts after someone is ill to one that provides proactive, comprehensive and coordinated primary and preventive care. Currently fewer than 50 percent of Kansas children have a medical home. In addition, the KHPA intends to assist those with

chronic illnesses to better manage their care with the goal of improved health and cost containment. Kansas will be requesting that the State Quality Institute and other interested funders provide technical and other assistance to develop a medical home pilot/s to better coordinate care, consistent with the work of the medical home stakeholders working group.

The role of the KHPA is to facilitate the development of a medical home model for Kansas consumers/patients based on feedback from, and in collaboration with multiple providers, consumers, health plans, and purchasers. This will include the role of physicians, mid-level practitioners, nurses, mental health providers, hospice, and others. The model should build on the research and findings from national leaders but acknowledge the challenges and opportunities in creating a medical home in rural and urban communities in Kansas. In addition, the development of a medical home in Kansas should consider alignment with national medical home model initiatives, provider payment reforms, and advance the role of health information technology and exchange – all critical to transforming our health care delivery system.

With the passage of the 2009 American Recovery and Reinvestment Act (ARRA) by Congress, additional funding became available to advance statewide efforts related to health information technology and exchange (HIT/HIE). Health Information Technology for Economic and Clinical Health, or HITECH, is the provision of the stimulus bill which provided an additional \$19 billion for HIT and HIE initiatives. Policy changes in ARRA allowed for the: a) Requirement for federal interoperability standards by 2010 that allow for nationwide electronic exchange and use of health information and b) Strengthening federal privacy and security law to protect from health information misuse. The Kansas HITECH Plan will align the medical home model, HIT and HIE projects, and telemedicine and telehealth initiatives. A steering committee with representation from medical providers and health technology stakeholders as well as various state agencies will be developed to discuss and prioritize potential HITECH projects for Kansas. The overarching goals of the Kansas HITECH Plan will be to advance health care coordination in the state and to improve health outcomes through: 1) incentivize the use of electronic health information, HIE, and telemedicine; 2) leverage these resources consistent with a medical home model of care delivery; and 3) contain health care costs.

| Strategies | 2009 | 2010 | 2011 | 2012 |
|--|-------------|-------------|-------------|-------------|
| 1.1.1. Develop stakeholder process to analyze medical home definition options, including National Council on Quality Accreditation (NCQA) standards | X | | | |
| 1.1.2. Obtain stakeholder input to develop a Kansas medical home model to include but not limited to the medical home working group, KHPA advisory councils, the Medicaid Medical Care Advisory Committee, and other provider, consumer, and purchaser organizations | X | X | X | X |
| 1.1.3. Obtain technical support/grant support to develop specific medical home pilot/pilots including provider payment incentives/reforms | X | X | | |
| 1.1.4. KHPA Board to consider and approve medical home definition and payment incentives for care coordination, health information technology and exchange, health and wellness, primary care and prevention | X | X | | |
| 1.1.5. If resources are available, implement medical home incentive payments Medicaid/HealthWave and make recommendations for incentive payments to the Health Care Commission (HCC) for inclusion in the State Employee Health Plan | | X | X | |
| 1.1.6. Evaluate medical home payment incentives in SEHP, and Medicaid/HealthWave | | | | X |
| 1.1.7. Evaluate Medical Home on quality and cost-effectiveness measures | | | | X |
| 1.1.8. Obtain stakeholder input to review and prioritize HITECH projects for Kansas; stakeholders to include the E-Health Advisory Group, HISPC, the Medical Home Working Group, and the Telemedicine/Telehealth Working Group. | X | X | X | X |
| 1.1.9. Obtain grant support through ARRA for additional HIT and HIE funding | X | X | X | X |
| 1.1.10. Develop and refine global plan which incorporates HIT and HIE, Medical Home, and Telemedicine/Telehealth; review plan with KHPA Board for consensus | X | X | X | X |
| 1.1.11. Evaluate HITECH Plan for effectiveness and cost-containment | | X | X | X |

Objective 1.2: Use and integrate health data through health indicator “dashboards” to improve data-driven policy recommendations and decisions.

Primary purpose: To fulfill one of the statutory responsibilities of the Kansas Health Policy Authority, namely to gather, analyze and distribute a wide range of health-related data about Kansas (KSA 75-7405), and to enable KHPA and state policymakers to evaluate the performance of existing programs, assess the overall health status of Kansas, identify important trends in health status, and make more informed health policy decisions that address the state’s most critical needs and track the impact of such decisions.

Background/Issue Statement: In order to select the health and health care measures and indicators used to create a publicly-reported state dashboard of access, quality, cost and public health measures, KHPA convened a multi-stakeholder advisory committee of key government agencies, hospitals, physicians, insurers, purchasers and consumers. The 90-plus members of the Data Consortium and its four work groups met 24 times from December 2007 through October 2008. They shared the mission of leveraging the state’s data – both the data managed directly by KHPA as well as other Kansas health data managed by partner organizations – for health reform policy. Representing over 22 health industry stakeholders organizations, the group formulated a set of indicators which were approved by the KHPA Board in November of 2008. More information on the Data Consortium may be found at <http://www.khpa.ks.gov/KHPADDataConsortium/default.htm>

The selected indicators are divided into four categories which are aligned with the KHPA Board’s vision principles: Access to Care; Health and Wellness; Quality and Efficiency; and Affordability and Sustainability. They are intended to span the spectrum of key dimensions of health and health care. These measures are presented as concise graphics and tables that show baseline and historical trends compared with national benchmark information.

The measures needed to build the health indicator dashboard have been divided into three tiers, based on their availability and level of validation currently available:

- Tier 1: Data that are already collected and computed routinely and are believed to have a high degree of integrity. These measures are currently publicly reported and deemed acceptable by industry standards. This tier was the primary focus for the Data Consortium in 2008.
- Tier 2: Data that are collected routinely as a part of a database but are not checked for integrity and are not publicly reported at this time. This type of data may require further analysis prior to public reporting. This will be a focus beginning in 2009.
- Tier 3: Data required for the measure are not routinely collected at the present time. These measures may or may not be available, or are not consistently available. This tier will be addressed beginning in 2009 or 2010.

| Strategies: | 2009 | 2010 | 2011 | 2012 |
|---|-------------|-------------|-------------|-------------|
| 1.2.1: Develop Indicators through Data Consortium | | | | |
| 1.2.1.a. Start reporting selected Tier 1 measures that are available and have satisfactory data integrity for public reporting. | X | | | |
| 1.2.1. b. Data Consortium workgroups will recommend evaluations of health and health care in Kansas based on available data | | X | X | X |
| 1.2.1. c. Data Consortium workgroups will recommend new validation, analysis, or data collection to expand dashboard to include critical measures | X | X | X | X |
| 1.2.2: Measure provider access to KHPA programs | | | | |
| 1.2.2.a. Identify data sources for access standards within Medicaid and SEHBP | X | | | |
| 1.2.2.b. Develop expectations for levels of access to providers for Medicaid and SEHBP | X | | | |
| 1.2.2.c. Measure access to primary care providers via claims data | | X | | |
| 1.2.2.d. Survey providers to identify barriers to participation in KHPA programs | | X | | |
| 1.2.3: Measure consumer access to KHPA programs | | | | |
| 1.2.3.a. Identify data sources for consumer participation in primary care and preventive health services | X | | | |
| 1.2.3.b. Develop expectations for levels of access to consumers for Medicaid and SEHBP | X | | | |
| 1.2.3.c. Use existing surveys to identify consumer access to primary and specialty care in MCOs | X | | | |
| 1.2.3.d. Evaluate eligibility process to facilitate access to services in Medicaid | | X | | |
| 1.2.3.e. Measure consumer access to primary care via claims data | | X | | |
| 1.2.3.f. Survey consumers to identify barriers to participation in KHPA programs | | | X | |
| 1.2.4. Measure health spending by public programs | | | | |
| 1.2.4.a. Create a history of Medicaid expenditures | X | | | |
| 1.2.4.b. Produce regular reports of Medicaid and SEHBP | X | | | |
| 1.2.4.c. Develop expenditure measures that compare growth in expenditures to number of people served | X | | | |
| 1.2.4.d. Recommend creation of a health budget to capture all state health spending by category | | | X | |

Objective 1.3: Develop a user-friendly information system infrastructure to support data-driven decision making and effective management of the data resources entrusted to KHPA.

Primary purpose: To create a Data Analytic Interface that integrates data from the Medicaid Management Information System (MMIS), the State Employees Health Benefits Plan (SEHBP) system and Kansas Health Insurance Information System (KHIIS). This will allow KHPA staff and stakeholders to quickly and more easily access KHPA-managed data, allow advanced analysis based on episodes of care of disease management, predictive modeling, evaluative analysis, and to measure costs and outcome effectiveness. This will also enhance the uses of the other databases under KHPA's stewardship, including: the professional licensure database, the Kansas Health Insurance Information System and the hospital discharge database for program administration and health policy purposes.

Background/Issue Statement: In order to allow KHPA staff and other stakeholders easy and quick access to KHPA-managed data, a Data Analytic Interface solution is currently being implemented, following a competitive bidding process. This web-based software will provide a unified, secure, and user-friendly interface to data from the Medicaid Management Information System, State Employee Health Benefit Plan and Kansas Health Insurance Information System. It will also incorporate integrated tools that to allow analysis of episodes of care of individual beneficiaries across multiple encounters with the health care system. These analytical tools would include disease management, predictive modeling, evaluative analysis and benchmarking with national health market measures to assess and compare utilization patterns, costs and outcomes. The requirements gathering and data mapping for the design of this system are near complete and the implementation is expected to be complete by December 2009.

Simultaneously, KHPA is also transitioning the Licensure database and Hospital Discharge database to an SQL server environment and working with the Kansas Health Data Consortium to advance the collection, analysis, dissemination and application of these datasets for health policy and public reporting purposes.

Goal 1:

KHPA will advance a consistent, coordinated health policy agenda informed by rigorous data analysis and stakeholder input.

| Strategies: | 2009 | 2010 | 2011 | 2012 |
|--|-------------|-------------|-------------|-------------|
| 1.3.1. Work with Insurance Department and Data Consortium to increase usage of the KHIIS database for analysis and reporting. | X | | | |
| 1.3.2. Augment the community hospital discharge database by pursuing collection of specialty hospital data. | X | X | | |
| 1.3.3. Continually enhance the utility of the DAI to users based on feedback. | X | X | X | X |
| 1.3.4. Launch the DAI as a web-based application accessible from the desktops of staff at different levels both within and outside of KHPA and provide appropriate training. | X | X | | |
| 1.3.5. Host several meetings/training of interested data users on the utility of the DAI, especially our partners in academia | | X | X | |
| 1.3.6. Demonstrate the use of the DAI functions/capabilities of the legislature/policymakers with "real world" examples. | | X | X | |
| 1.3.7. Evaluate the DAI to assess appropriate and/or enhanced uses | | X | | X |

Objective 1.4: Develop and provide consumer health care cost and quality information to empower Kansas consumers to be better purchasers of health care.

Primary purpose: To empower health consumers with educational resources to stay healthy, manage medical conditions, navigate the health system, promote health literacy, purchase health care, compare provider quality, and understand health policy.

Issue Statement: In FY2008, KHPA approved a two-phase Health Information Transparency (HIT) Initiative for consumers. In Phase I of this project, the State Library of Kansas worked with other libraries to create a web-based portal of existing health and health care resources for Kansas consumers. This web site – named Kansas Health Online (www.kansashealthonline.org) -- was launched on January 15, 2008 and supports informed use of health services: and transparency for consumers. Simultaneously, the National Library of Medicine development – Kansas Go Local - is proceeding, which brings information about local health care services and support groups to Kansas consumers and will be integrated with the Kansas Health Online. A health information curriculum will also be established to educate Kansans about the use of health information and available health resources. In Phase II of this Project, Kansas-specific health quality and cost measures recommended to the KHPA Board by the Data Consortium (which consists of health care stakeholders in Kansas) will be developed and made available to consumers.

Many members of the KHPA Advisory Councils and other interested stakeholders commented on the need for health care cost and quality information. Through the Data Consortium, Kansas providers, consumers, researchers, and other stakeholders will play a significant role in developing the indicators used for this public reporting.

| Strategies: | 2009 | 2010 | 2011 | 2012 |
|---|-------------|-------------|-------------|-------------|
| 1.4.1. Kansas Health Online (KHO) continually updated with information on most recent evidence based medicine/best practices and health articles of interest to consumers | X | X | X | |
| 1.4.2. Obtain feedback from focus groups (conducted by KUMC Library) throughout Kansas on consumer uses of KHO to inform further development of website | X | | | |
| 1.4.3. Obtain feedback from Advisory Councils | X | X | X | |
| 1.4.4. Vision principle data indicators added to Kansas Health Online | X | | | |
| 1.4.5. Data consortium considers additional cost and quality data specific to Kansas | X | X | | |
| 1.4.6. Provide information about the Data Analytical Interface through Kansas Health Online | | X | | |
| 1.4.7. Board considers and approves additional vision principle data indicators developed by the Data Consortium | | X | | |
| 1.4.8. Cost and quality indicators added to Kansas Health Online | | | X | |
| 1.4.9. Evaluation of Kansas Health Online | X | X | X | X |

Objective 1.5: Develop and recommend an annual, coordinated health policy agenda to improve the health status and health care delivery system in Kansas.

Primary purpose: To respond to the statutory mandate of “...development of a statewide health policy agenda including health care and health promotion components...” through continued focus of promoting public health and expanding health coverage in Kansas.

Background/Issue Statement: Following an order from the 2007 Kansas Legislature, the Kansas Health Policy Authority (KHPA) gathered research and community input to develop a comprehensive legislative plan that specifically addressed the health needs of Kansans. With the goals of promoting personal responsibility, paying for prevention and primary care, and providing and protecting affordable health insurance, the KHPA recommended a package of 21 health reforms to the legislature.

During the 2008 legislative session, KHPA advanced a set of health reform recommendations that met with limited progress. The legislature accepted some recommendations, eliminated others, changed some, and added items that were not part of the original KHPA plan. This process resulted in the passage of House Substitute for Senate Bill 81 and funding for a few health reform items in the omnibus budget bill. Although the final version of the health reform compromise did not include many of the building blocks to better health, such as insuring the poorest Kansans or providing for clean indoor air statewide, policies contained in Senate Bill 81 did provide support for Kansas safety net clinics, recognized the relationship between healthy mothers and healthy children by expanding Medicaid coverage for pregnant women, and expanded eligibility for the State Children’s Health Insurance Program (although no federal dollars were available to support expansion).

Building from the 2008 agenda, the annual health agenda for 2009 was prioritized and approved by the KHPA Board. Direction on the prioritization process was obtained through consultation with the four Health Reform Advisory Councils (Consumer, Provider, Purchaser, and At-Large). Additional feedback was also obtained from community leaders, business owners and consumers during the KHPA Community Dialogue tour held statewide during the summer of 2008. The 2009 KHPA health agenda has three priorities: 1) Advancing a Statewide Clean Indoor Air Law; 2) Increasing Tobacco User Fees; 3) Expanding Access to Affordable Health Care and Public Health Services.

In future years, the KHPA Board will continue to promote an annual health agenda informed by data and based on progress made in the prior year, feedback from advisory councils and stakeholders, and the overall health needs of the state.

Goal 1:

KHPA will advance a consistent, coordinated health policy agenda informed by rigorous data analysis and stakeholder input.

| Strategies: | 2009 | 2010 | 2011 | 2012 |
|--|-------------|-------------|-------------|-------------|
| 1.5.1. Obtain feedback from KHPA Advisory Councils and stakeholder groups regarding annual health agenda (year round) | X | X | X | X |
| 1.5.2. Obtain feedback/education Kansas consumers on annual KHPA agenda via Community Dialogue tour (summer/fall) | X | X | X | X |
| 1.5.3. Board status review of annual KHPA Health agenda recommendations, consideration of modification, and determination of priorities for upcoming legislative session (Board retreat/summer/fall) | X | X | X | X |
| 1.5.4. If resources are available, implement legislative/Governor approved KHPA health agenda recommendations (year round) | | X | X | X |
| 1.5.5. Educate Governor/legislators on KHPA Board health agenda priorities (prior to and during Legislative session) | X | X | X | X |
| 1.5.6. Pursue opportunities to participate in national state health reform collaborative projects (year round) | X | X | X | X |

Objective 1.6: Evaluate the health care professions workforce in order to ensure appropriate access to health care across Kansas.

Primary purpose: To investigate whether Kansas has the appropriate health professions workforce to provide access to a medical home for all Kansans, in collaboration with other Kansas institutions and organizations, such as the Kansas Board of Regents.

Background/Issue Statement: According to a 2007 study by the Kansas Workforce Advisory Board, Kansas falls below the national average for physicians per 100,000 people. Kansas is also under-represented by physicians in five of six major geographic regions. This low representation is prevalent in rural regions, especially the southeast and southwest parts of the state. However, the supply and distribution of other health professionals in Kansas is also noteworthy, particularly with the growing concern about health professions workforce shortages. Data from the National Center for Health Workforce Analysis from 2000 compare Kansas with national rankings, but do not suggest the appropriate number of health professionals by category:

- There were more than 4,700 active patient care *physicians* in Kansas. With 175 physicians per 100,000 population, Kansas was lower than the national ratio of 198 and ranked 31st among states in physicians per capita.
- There were 435 practicing *physician assistants*. This is equal to 16.2 physician assistants per 100,000 population, higher than the national rate of 14.4.
- There were more than 29,100 *licensed registered nurses (RNs)*; nearly 23,800 were employed in nursing. This was equal to 883.1 RNs per 100,000 population in Kansas, higher than the national rate of 780.2.
- Kansas ranked 19th among the states in the per capita employment of *Licensed Practical/Vocational Nurses (LPNs)*, with 260.3 LPNs per 100,000 population, higher than the national rate of 240.8 per 100,000. Kansas ranked 30th in the number of LPNs employed in 2000 with 7,010 workers.
- There were more than 1,300 *nurse practitioners*. This was equal to 49 nurse practitioners per 100,000 population, much higher than the national rate of 33.7.
- There were 1,685 *dentists*, 2,020 *dental hygienists*, and 2,840 *dental assistants* practicing. There were 62.6 dentists per 100,000 population in Kansas, slightly below the national rate of 63.6. The per capita ratios of dental hygienists and dental assistants were higher than their respective national rates.
- There were 2,170 *pharmacists* and 1,890 *pharmacy technicians* and aides practicing in Kansas. Kansas had 80.6 pharmacists and 70.2 pharmacy technicians and aides per 100,000 population in 2000, which ranked them 23rd and 43rd, respectively, among the 50 states.

The 2008 Legislature took formal steps to begin the process of addressing this workforce issue by establishing the Physicians Workforce and Accreditation Task Force, with the KHPA Deputy Director being a key member. This Task Force began meeting in the fall of 2008 to address these concerns and to develop recommendations to attract and retain physicians to work in critical need areas of the state. The Advisory Board's recommendations included supporting ongoing collection and analysis of workforce data, increasing the number of Graduate Medical Education (GME) opportunities available in the state, locating GME programs and positions in underserved areas of the state and adjusting selection and admission criteria to influence physician retention and distribution. The Kansas Medicaid program is also analyzing the Kansas GME program.

Goal 1:

KHPA will advance a consistent, coordinated health policy agenda informed by rigorous data analysis and stakeholder input.

| Strategies: | 2009 | 2010 | 2011 | 2012 |
|--|-------------|-------------|-------------|-------------|
| 1.6.1. Working in collaboration with Kansas Board of Regents and the University of Kansas Medical Center, develop Graduate Medical Education (GME) reforms | X | | | |
| 1.6.2. Obtain feedback from Advisory Councils, medical home working group | X | X | X | |
| 1.6.3. Board consider and approve GME recommendations | X | | | |
| 1.6.4. Implement GME payment reforms | | X | X | |
| 1.6.5. As part of a medical home, determine appropriate Kansas stakeholders to evaluate health professions workforce (physicians, mid-levels, nurses, pharmacists, etc) | X | | | |
| 1.6.6. In partnership with Kansas Board of Regents, develop recommendations for strengthened health professions workforce, to include payment reforms consistent with medical home | X | X | | |
| 1.6.7 . Board consider and approve health professions workforce recommendations and advance to the legislature | | X | X | |
| 1.6.8. Implement workforce needs recommendations | | | | X |

Objective 1.7: Provide user friendly, pertinent and timely health and agency related communications to internal and external audiences using a full array of information consumer outlets.

Primary Purpose: To inform and empower the public about health and wellness issues and to engage communities, partners, stakeholders and policymakers to develop a consistent and coordinated health reform agenda in support of health reform and achieving the goal of a healthy Kansas for all Kansans.

Background/Issue Statement: The Kansas Health Policy Authority serves a large and diverse population of information consumers. To achieve the agency's mission and goals, it is imperative that KHPA successfully reach these consumers and provide them with the quality and scope of information they seek. One of the six KHPA Board vision principles outlines the commitment of the KHPA to timely accurate information: ***Education and Engagement of the Public***—Kansans should be educated about health and health care delivery to encourage public engagement in developing an improved health system for all.

To that end, KHPA has assembled a communications team that possesses skills to create messages in a variety of media forms, including the website Kansas Health Online. The communications team is developing a comprehensive communications plan that identifies internal and external audiences and the corresponding information needs of each audience. That plan will be subject to ongoing evaluation to judge its effectiveness and utility, and it will be modified and updated each year. Elements of that plan include:

- **Community Outreach:** During calendar year 2008, KHPA's communications team and executive director led a statewide Community Dialogue Tour to get public input for the agency's health reform agenda. More than 500 individuals attended those Dialogue Tour meetings. In addition, the executive director worked with KHPA advisory councils, held individual meetings with health reform partners and made more than 30 presentations to public organizations and civic groups. Other members of the KHPA executive team and staff made dozens of presentations and appearances throughout the state. Activities included distributing information at the Kansas State Fair and local health fairs.
- **Advisory Councils:** A total of 139 individuals serve on KHPA's Consumer, Provider, Purchaser and At-Large Advisory Councils. The Consumer, Provider and Purchaser councils each met three times in calendar year 2008. The At-Large council met four times during the year. These councils will continue to meet and provide KHPA with feedback on reform proposals and program operations.
- **Publications:** *The Pulse* is KHPA's external newsletter. It is published weekly during legislative sessions and monthly when the legislature is out of session. *The Pulse* is distributed via email to more than 5,000 subscribers and is posted on the KHPA website. The communications team also coordinates the production of the agency's Annual Report to the legislature and assists in producing other policy

material for the legislature and KHPA Board of Directors, including the 2009 Health Reform Recommendations document.

- **News Coverage:** KHPA was the subject of at least 50 statewide and Associated Press print news stories and various radio and television stories during 2008, all reaching hundreds of information consumers. The communications team routinely produces news releases for state and national media regarding agency activities and health issues affecting Kansas. The team also coordinates the agency's response to news stories and manages the media during special KHPA events.
- **Website:** The communications team is responsible for designing and maintaining the KHPA website (www.khpa.ks.gov.) During a single one-month period in 2008 (Nov. 17 – Dec. 17) the site received 16,708 hits from 10,752 unique visitors. The communications team is in the process of redesigning the site to make it more accessible and useful to information consumers. The new site is expected to be launched early in 2009 and will be subject to continuous review and improvement.

The role of KHPA's communications team moving forward will be to build upon its Communications Plan, to follow research and best practices in the field of public policy communications and to work continuously to insure that its health and health reform messages are carried in the most effective and innovative ways possible in order to meet the needs of health information consumers. The team will do this by regularly evaluating the effectiveness and utility of its communications plan and modifying and updating the plan at least annually.

| Strategies: | 2009 | 2010 | 2011 | 2012 |
|---|-------------|-------------|-------------|-------------|
| 1.7.1. Coordinate with the media to disseminate noteworthy agency news and information about health and health care | X | X | X | X |
| 1.7.2. Produce KHPA Annual Report and other publications as needed to educate stakeholders and policymakers about pertinent health issues | X | X | X | X |
| 1.7.3. Complete renovation of KHPA Website | X | | | |
| 1.7.4. Produce KHPA Pulse Newsletter to provide weekly updates about legislative issues that impact the KHPA during legislative session (monthly distribution when the legislature is out of session) | X | X | X | X |
| 1.7.5. Update agency communications plan and continue monitoring for effectiveness | X | X | X | X |
| 1.7.6. Develop and implement a community dialogue process | X | X | X | X |

Objective 1.8: Implement agency performance reporting to link resource allocation to opportunities for greatest improvement in agency operational efficiency.

Primary purposes: To apply data driven decision making to improve the operations of KHPA and use performance and financial data to identify areas that could be made more efficient or effective.

Background/ Issue Statement: KHPA is committed to data-driven policy making and well informed decision making. The principle of using information to make decisions can and should be applied to management of KHPA business processes, administration and programs. In the FY 2010 budget submission, initial performance measures consistent with the Board vision principles and strategic objectives were presented. These measures attempted to identify program outputs, service level metrics and available caseload measures of Medicaid, HealthWave, the State Employees Health Benefits Plan and Worker's Compensation. In addition, health indicators developed through the Data Consortium are the first steps toward widely accepted, statewide indicators of health status and progress on the KHPA vision principles. Using specific program performance measures and output and outcome measures, KHPA should report on how well programs operate. These measures would identify to the KHPA Board and the public progress on improving health outcomes, changing the health system and expanding access to quality health care in Kansas.

The next step would use performance data gathered over time to identify programs or business functions that underperform compared to national benchmarks or other comparative data. The principles of effective program management and performance improvement would be applied to show a cultural value in the critical examination of agency processes and performance.

Goal 1:

KHPA will advance a consistent, coordinated health policy agenda informed by rigorous data analysis and stakeholder input.

| Strategies | 2009 | 2010 | 2011 | 2012 |
|---|-------------|-------------|-------------|-------------|
| 1.8.1. Senior managers identify finance and program indicators | X | | | |
| 1.8.2. Include performance measures in the annual budget submission | X | | | |
| 1.8.3. Initiate Enterprise Risk Management activity to identify areas of performance risk | X | | | |
| 1.8.4. Identify spending on wellness activities (tobacco cessation, immunization, and age appropriate screenings, etc.) in each program. | X | | | |
| 1.8.5. Develop internal audit plan to review adherence to policy and procedures | X | X | | |
| 1.8.6. Publish agency performance measures on Kansas Health Online | | X | X | X |
| 1.8.7. Assemble a communications team with skills to create messages in all media forms | X | | | |
| 1.8.8. Develop a comprehensive communication plan identifying internal and external audiences, corresponding content needs, production standards, and a dissemination timetable | X | X | | |
| 1.8.9. Obtain feedback from Advisory Councils, internal clients and external customers | X | X | X | X |
| 1.8.10. Implement communication plan | X | X | | |
| 1.8.11. Evaluate effectiveness and utility of communication plan, modifying and updating each year | | X | X | X |

Objective 2.1. Implement an annual data driven process of Medicaid program reviews to transform Kansas Medicaid.

Background/Issue Statement: While the Kansas Health Policy Authority has led a very public effort to engage stakeholders and to reform health policy in the state, it has also engaged in the process of reorganizing and refocusing the agency to expand capacity for data analysis and management, and to adopt data-driven processes in the management of its programs. To this end, for the past two years the Medicaid program has initiated a new and increasingly comprehensive endeavor to utilize available data to review each major component of the program and to identify areas for improvement, cost-effectiveness, program integrity, improved quality, health promotion and access. Reviews completed in 2008 cover 14 separate but often overlapping topics that are organized into four broad categories: health care services and programs, special populations, eligibility and quality improvement. The reviews were made available for the Board as they were completed.

Staffing and resource constraints prevent an exhaustive review of every Medicaid program each year, but the process is intended to be comprehensive over time. Reviews of program areas will be repeated every one to three years, providing accountability to both the policy process and the programs themselves. Additional reviews will be added in 2009, including a review of Medicaid operations and contract oversight.

The 10 program reviews conducted in 2008 that address specific health care services or programs cover 77 percent of Medicaid and SCHIP medical expenditures, and about 40 percent of total Medicaid expenditures, including long-term care, waivers and mental health programs operated by the Kansas Department on Aging and the Kansas Department of Social and Rehabilitation Services. The two 2008 program reviews for specific populations cover approximately 25 percent of the Medicaid and SCHIP population, and these populations account for approximately 45 percent of all medical service costs. The two remaining reviews are more comprehensive in nature. The eligibility review assesses coverage, policy and enrollment operations for all Medicaid and SCHIP beneficiaries. The quality improvement review examines quality measurement and improvement efforts for all KHPA medical service programs, including the state employee health plan and the state workers' compensation program.

In many cases, the specific policy changes recommended as a result of the 2008 Medicaid Transformation process are incremental. In other cases, significant change is anticipated. Engaging in this annual evaluation and laying out for public scrutiny the policies and plans for each area of KHPA's public insurance programs will accelerate and better inform program improvements. The process is KHPA's effort to implement transparent, data-driven policies throughout its public health insurance programs, and represents a significant advance in participatory public policy-making. It is the process itself which is designed to transform Medicaid, using data and transparent goals to motivate program improvements and avoid speculative change based on anecdote.

| Strategies: | 2009 | 2010 | 2011 | 2012 |
|--|-------------|-------------|-------------|-------------|
| 2.1.1. Identify access gaps using KHPA dashboard, internal performance measures, and KHPA administrative data | X | X | X | X |
| 2.1.2 Program managers assess expenditures of programs through program reviews (on-going) | X | X | X | X |
| 2.1.3. Program managers examine expenditures by population groups and services | X | X | X | X |
| 2.1.4. Managers present recommendations to increase cost-effectiveness of programs and decrease waste | X | X | X | X |
| 2.1.5. Program reviews edited and adapted by executive staff | X | X | X | X |
| 2.1.6. Recommend policy changes in program eligibility, covered services, provider payment and coordination of care to address identified needs to KHPA Board for approval | X | X | X | X |
| 2.1.7. Share recommendations with Advisory councils, stakeholders, and policymakers | X | X | X | X |
| 2.1.8. Implement policy changes | X | X | X | X |
| 2.1.9. Evaluate policy changes | | | X | X |

Objective 2.2: In order to promote best practice management develop a quality oversight program for Medicaid and the State Employee Health Plan.

Primary purposes: To develop a quality oversight program for Medicaid and the State Employee Health Plan, to compare quality outcomes across KHPA delivery systems, and to improve the quality of care delivered to Kansans served by KHPA health care products.

Background/Issue Statement: The primary goal of quality improvement at KHPA is to use the resources the agency manages to purchase and promote high quality health care for the populations we serve (Medicaid, MediKan, State Children's Health Insurance Plan (SCHIP) and State Employee Health Plan (SEHP). In operational terms, quality health care can be described as successfully obtaining the health care services needed, at the time they are needed, to achieve the best possible results. Quality health care may also be defined as appropriate utilization of health care services by avoiding underuse, overuse and misuse.

KHPA's quality improvement efforts are intended to systematically and deliberately assess, measure and analyze quality within and across its programs. Quality monitoring is a process of ongoing regular collection and analysis of a core set of health indicators. For KHPA programs, these indicators are focused on optimal health outcomes and efficiencies.

KHPA will use the following strategies to identify and address opportunities for improving the quality of care provided in our health care programs:

1. Regular and systematic assessments and monitoring of available quality data in the form of:
 - a. Routinely collected and standardized data drawn from surveys and administrative health data.
 - b. Targeted analyses and special data collections.
2. Identifying measures across KHPA programs to compare quality and enhance coordination of health care purchasing.
3. Working with program managers and agency leadership to review program quality data and make that data available to the public.
4. Recommending quality-enhancing policies to program managers and agency leadership.

| Strategies | 2009 | 2010 | 2011 | 2012 |
|--|------|------|------|------|
| 2.2.1. Evaluate current quality activities performed by Medicaid and SEHP | X | | | |
| 2.2.2. Recommend additional quality activities which will allow KHPA to compare outcomes across delivery systems | X | | | |
| 2.2.3 Implement and evaluate additional quality activities and compare across delivery systems | X | X | | |
| 2.2.4. Align the SEHP Plan Year with the State Fiscal Year | | X | | |

Objective 2.3: Promote expanded adoption of innovative health information technology in order to improve quality and efficiency in health care delivery to enrollees of Medicaid, SEHP and private insurance plans.

Primary purposes: To assess the value of various health information technologies for providers and consumers and identify barriers and opportunities to implement health information technologies improving the efficiency and quality of health care.

Background/Issue Statement: Health information technology (HIT) and health information exchange (HIE) has the potential to improve efficiency, quality of care and patient safety as well as help inform health care consumers. In February 2008, Governor Sebelius asked KHPA to serve as the lead agency in guiding the development and administration of statewide health information technology and exchange. She asked KHPA to establish a Kansas E-Health Information Advisory Council to provide guidance on policy issues related to health information technology as well as educational resources for stakeholders interested in health information technology and exchange. The E-health Advisory council will build on the last four years of work on HIT/HIE initiatives through the Kansas HISPC I, II, and III projects and the HIE Commission and is closely following opportunities for EHR expansion in the federal stimulus package.

Kansas is actively pursuing potential expansion of health information exchange statewide by expanding existing Community Health Record pilots currently operating in the Medicaid and State Employee Health Plan.

One initiative KHPA has pursued in the area of health information technology is a community health record (CHR). The CHR currently is a pilot project that engages select managed care organizations and an information technology company to deploy CHR technology to Medicaid managed care providers in Sedgwick County. The health record is built on administrative claims data and provides clinicians electronic access to information on medical visits, procedures, diagnoses, medications, immunizations and lead screening data. The CHR pilot contains an e-Prescribing component that provides a drug interaction and contraindication tool. The prescriber may access formulary information and submit prescriptions to pharmacies electronically. The goal of the CHR pilot was to assess the value that health information exchange (HIE) could offer to Medicaid providers and beneficiaries. The CHR pilot was launched in February 2006 in 20 Medicaid provider sites, with over 5,000 unduplicated Medicaid beneficiaries' records accessed by 215 CHR providers in Sedgwick County. In 2007, the Sedgwick County pilot was expanded to include an additional 20 sites.

The State Employee pilot in Kansas City (CareEntrust), launched in 2008, uses a similar technological platform as the Medicaid pilot, but includes a Personal Health Record feature enabling patients to enter medical data and specify which providers can access the data. The long-term plan is to create a state-wide community health record by expanding these pilots to all Medicaid and State Employee plan beneficiaries contingent on Board approval and availability of funding.

Improving the coordination of health care is a key component of a medical home model. The utilization of health information technology is a primary means to improve coordination. The clinical care of state-funded health plan beneficiaries is fragmented between different providers, clinics and other health care facilities. This fragmentation leads to discontinuities in care related to lack of effective information exchange and significant inefficiency in the health care system. Similar difficulties exist in the transmission of health plan eligibility and benefit information.

Promoting statewide exchange of health care information can improve efficiency, enhance the process of health care delivery and promote patient safety. Moreover, as one of the largest payers of health care services in the state, KHPA would leverage our considerable purchasing power to promote the use of health information technology and exchange. Improving access to personal health information by consumers will also help to promote self management of care and personal responsibility. As such, ensuring consumer privacy and security must be a key consideration in the development of health information exchange, and consumers must be given ultimate authority over who is allowed to view their health information.

The significant focus on HIT and HIE by the Obama administration, and the resources contained in the federal stimulus package should enable Kansas to build on the successful HIT/HIE planning efforts of the past several years.

| Strategies: | 2009 | 2010 | 2011 | 2012 |
|---|-------------|-------------|-------------|-------------|
| 2.3.1. Assess the value of various health information technologies for providers and consumers. | | | | |
| 2.3.1.a. Development of the implementation strategies by the E-Health Advisory Council | X | | | |
| 2.3.1.b. Implementation of the E-Health policy initiatives | X | X | | |
| 2.3.1.c. Evaluation of E-Health policy initiatives and modification as needed | | | X | X |
| 2.3.2. Identify barriers and opportunities to implement health information technologies improving the efficiency and quality of health care. | | | | |
| 2.3.2.a. Enhancement of the CHR features: e-RX, additional lab data, immunization data, MCO data | X | | | |
| 2.3.2.b. Potential expansion statewide contingent on Board approval and legislative funding | X | | | |

Objective 2.4: Implement a care management program for the aged and disabled Medicaid population to ensure coordination of care for the aged disabled population in order to improve health care outcomes.

Primary purposes: To improve health care outcomes in the aged and disabled population in order to ensure coordination of care for the aged disabled population.

Background/Issue Statement: The aged and disabled beneficiaries in Kansas comprise 33 percent of the Medicaid population while spending 67 percent of the total Medicaid budget. Almost half (47%) of the growth in Medicaid from FY 2007 to FY 2009 can be attributed to the aged and disabled – 39 percent for people with disabilities and 6 percent to the aged. The top Medicaid cost drivers for the aged and disabled include: inpatient services; pharmacy; outpatient services; mental health services; hospice; and Medicare premiums and co-pays. Inpatient services represent the highest costs among the Supplemental Security Income disabled population, accounting for 71 percent of the \$183.8 million of inpatient costs. Pharmacy is the second highest cost driver for the disabled.

Using funds from a Center for Medicare and Medicaid Services (CMS) transformation grant, KHPA looked at ways to improve preventive care to the aged and disabled. Our analysis showed:

- Preventive care opportunities are missed for beneficiaries struggling with diabetes, depression, coronary artery disease, hypertension, congestive heart failure and asthma.
- Preventive care opportunities are also being missed for cancer screenings, cardiac event prevention, osteoporosis screening and pain management.

The overall trends in expenditures and the implications of chronic health conditions that plague the aged and disabled population suggest the need to more effectively manage and support the needs of this population. KHPA is currently conducting two pilot projects that aim to improve health outcomes for people with disabilities:

- The “Health Promotion for Kansans with Disabilities” pilot project, the CMS Transformation Grant program to identify and improve primary care needs among the chronically ill
- The “Enhanced Care Management” pilot program targeting high-cost Medicaid beneficiaries in Sedgwick County for intensive care management

Given the high incidence of chronic illness and the high level of interaction with the medical system, the need to implement a medical home model of care is significant for the aged and disabled. Over the next year KHPA plans to implement a model for care management that can be instituted statewide and utilized within the primary care medical home.

| Strategies | 2009 | 2010 | 2011 | 2012 |
|--|-------------|-------------|-------------|-------------|
| 2.4.1. Perform internal analysis of Medicaid claims data to identify high cost or high risk individuals | X | | | |
| 2.4.2. Review evaluation data from the two Medicaid Transformation Grant and Enhanced Care Management projects to determine effectiveness of encouraging preventive health care and appropriate management of chronic conditions | X | | | |
| 2.4.3. Hold discussions with provider groups about the needs of this population and the goals of care management | X | | | |
| 2.4.4. Determine under what Medicaid authority the program can be developed (i.e. 1115 waiver, 1915b waiver, DRA | X | | | |
| 2.4.5. Incorporate stakeholder input, as appropriate, into development of program | X | X | | |
| 2.4.6. Design payment and financing for care management for the aged and disabled Medicaid population to allow both the beneficiary and the provider to be rewarded | X | X | X | |
| 2.4.7. Incorporate ongoing cost (and any savings) of program into caseload estimates | | | X | |
| 2.4.8. Implement and evaluate program | | | X | X |

Objective 2.5: Promote the health and wellbeing of individuals with disabilities by increasing opportunities for competitive and integrated employment, as well as awareness of the positive impact employment and community inclusion has on health outcomes and quality of life.

Primary purpose: To implement a comprehensive approach to promoting employment of individuals with disabilities involving state agencies and community partners.

Background/Issue Statement: Nationwide, unemployment of adults with disabilities is approximately 70%. According to the 2006 American Community Services report, 46 % of Kansans with disabilities, ages 21 through 64 are employed, compared to 80% of people in the same age range without disabilities. And a national study found that only 11% of Kansans with developmental disabilities are in supportive or competitive employment, ranking Kansas 44th in the nation in terms of inclusion.

The Centers for Medicare and Medicaid Services (CMS) allows states that developed effective Medicaid Buy-In and personal assistance programs to apply for a higher level of grant funding in order to build comprehensive approaches to eliminating employment barriers by forming linkages between Medicaid services and other non-Medicaid programs. As a result of the implementation of the Kansas Medicaid Buy-In program, *Working Healthy* in 2002, and the benchmark benefit personal assistance program, *Work Opportunities Reward Kansans (WORK)* in 2006, KHPA applied for and received, a Medicaid Infrastructure Grant to Support the Competitive Employment of Individuals with Disabilities (MIG). The grant began in 2007 and continues through the 2010, with the possibility of an extension through 2011.

The major objectives of the grant are to develop a comprehensive employment system that:

- provides comprehensive, coordinated approaches across state programs that removes barriers to employment for individuals with a disability;
- increases the state's labor force through the inclusion of people with disabilities, while at the same time meeting the needs of Kansas employers; and
- protects and enhances workers healthcare, other benefits, and needed employment supports.

The role of the KHPA is to utilize MIG funds and work with state partners to implement a comprehensive approach to promoting employment of people with disabilities, building on strengths and overcoming weakness. Strengths include the support of many in the disability community for a comprehensive employment effort; strong disability advocates who support employment initiatives; and programs that have the potential to support the competitive, integrated employment of people with disabilities. Barriers include lack of a shared vision of employment for people with disabilities across state agencies resulting in mixed and ineffective messages, low expectations for youth and adults with disabilities regarding employment, poor coordination with employers and the business community, and inability to coordinate data across systems in order to measure program success or lack of success.

KHPA's approach to promoting a comprehensive employment initiative includes:

- Promote a shared vision among all local and state agencies that all Kansans with disabilities should have the opportunity to work in competitive, integrated situations with decent wages, and that in fact they should be encouraged to do so.
- Educate youth and adults with disabilities, their families, and service providers, that employment, combined with necessary supports, will eliminate the need to live dependent on a system that requires impoverishment in exchange for support.
- Establish partnerships with employers and develop better methods for meeting their needs as businesses.
- Develop the mechanism to share data across state agencies to determine baseline employment, growth, and program success.
- Continue to strengthen *Working Healthy* and *WORK*.

| Strategies | 2009 | 2010 | 2011 | 2012 |
|---|------|------|------|------|
| 2.5.1. Work with state partners to coordinate employment initiatives across and within state agencies, with the result that an increased number of Kansans with disabilities are competitively employed. | X | X | X | |
| 2.5.2. Educate stakeholders about the importance of encouraging employment for youth and adults with disabilities, empowering them to become independent and self-sufficient economic agents. | X | X | X | |
| 2.5.3. Engage employers as partners in the employment of people with disabilities. | X | X | X | |
| 2.5.4. Develop a comprehensive, statewide, system-level and person level data tracking system to collect, analyze, and disseminate data on the health and employment of Kansans with disabilities. | X | X | X | |
| 2.5.5. Maintain and strengthen the Kansas Medicaid Buy-In program, <i>Working Healthy</i> , and the supplemental program of personal assistance and related services, <i>Work Opportunities Reward Kansans (WORK)</i> . | X | X | X | |

Objective 2.6: Evaluate the programs of the State Employee Health Benefits Program for program enhancement and innovation.

Primary purposes: To ensure that members of the State Employee Health Plan (SEHP) are provided high quality affordable health care, including a focus on health and wellness, and appropriate health care services for injured state workers.

Issue Statement: The State Employee Health Benefits Program is made up of three programs: The State Employee Health Plan (SEHP), HealthQuest and the State Self Insurance Fund (SSIF). The SEHP is responsible for designing, negotiating and administering the health benefit programs for state employees and for certain non-state entities covered under the plan. HealthQuest provides wellness programs and services to eligible members covered under the SEHP. SSIF is responsible for providing workers compensation benefits to state workers injured in the course of their employment for the State of Kansas. Each of these programs will be evaluated for program improvement consistent with the vision principles outlined by the KHPA Board.

The SEHP became fully self-funded for Plan Year 2008. As a self-funded plan, the state and non-state entities covered under the plan are responsible for the entire risk associated with the health expenses of covered members. That means KHPA has an increased duty to monitor plan resources and costs compared to benefits being provided. In addition, as SEHP continues to add new non-state entities to the program, the lack of an automated membership system to handle the enrollment and billing processes continues to be a challenge. Currently, billing is outsourced to a third party due to the lack of functionality in the current system. The current system is primarily designed to accommodate the payroll function of the State rather than providing benefits to non-state entities.

The health and wellness program is referred to as HealthQuest. This program contracts with vendors to provide an employee assistance program and wellness programming to both state and non-state workers covered under the SEHP and their covered family members. Wellness services are also available to Direct Bill members (COBRA, retirees and those on leave without pay) in addition to the active employee population. Providing services and access to programs across such a diverse population with differing access and knowledge of available technology and located across Kansas and throughout the United States presents some unique challenges. Services currently offered include telephonic disease management, online health management program, health coaching call line, health screening, and personal health assessments.

Workers compensation coverage to all state agencies is provided through the SSIF fund. Approximately 333 accident reports are received monthly. SSIF staff work with injured workers, medical providers and state agencies on work injury cases and return to work strategies. A 2008 audit identified several best business practices that are being implemented in the SSIF. SSIF has experienced some staff turnover, as well as rising medical and indemnity costs which have presented added challenges. Changes in the rating structure for agencies has been implemented to more equitably distribute cost to those agencies with higher accident rates and claim cost and lower rates to those who

have demonstrated lower accident rates and claims costs. SSIF continues to review their processes to identify ways to reduce accident rates and claim costs.

| Strategies: | 2009 | 2010 | 2011 | 2012 |
|---|-------------|-------------|-------------|-------------|
| 2.6.1. Continue to provide state employees access to quality benefit packages. Annually review health plan designs (Plans A, B and C – QHDHP with HAS) for plan enhancements and best practices | X | X | X | X |
| 2.6.2. Annually review member activity and plan design to provide members choice in benefit packages and to balance enrollment between plan offerings. | X | X | X | X |
| 2.6.3. Develop dashboard of performance indicators for medical, dental, and pharmaceutical programs. | X | | | |
| 2.6.4. Procure SEHP membership system to automate the eligibility and enrollment process, billing and improve service to members | | | X | X |
| 2.6.5. Transition premium billing activities for direct bill and non-state entities from outside contractor to KHPA staff. | | | X | X |
| 2.6.6. Transition the administration of COBRA from outside contractor to KHPA staff. | | | | X |
| 2.6.7. Create incentives for participation in health, wellness and prevention activities. | X | X | X | X |
| 2.6.8. Evaluate the wellness programs and incentives to maximize employee participation and engagement. | | | | |
| 2.6.9 Review and implement best practices in SSIF program as outlined in the Marsh audit. | X | X | X | X |
| 2.6.10. Monitor new SSIF rating system for rate adjustments as agencies' risk levels change. | X | X | X | X |
| 2.6.11. Provide educational opportunities for SEHBP staff development. | | X | X | X |

Objective 2.7: Evaluate and expand appropriate business software technology solutions to improve interagency coordination, efficiency, and cost-effectiveness.

Primary purpose: To use technological tools to make business processes more efficient and effective, ensure KHPA staff has the tools needed to effectively manage programs and use available data, and to identify software to share information across KHPA programs and coordinate agency activities.

Background/Issue Statement:

KHPA has several opportunities to implement technological solutions to improve business processes and statewide systems. Participation in projects and adoption of new technology requires thoughtful planning. KHPA must consider the safety of sensitive health information, coordination with a variety of contractors, and integrating data from numerous sources inside and outside of KHPA. All of these considerations require a consistent approach to adopting new technologies.

The KHPA project management process is consistent with the state requirements. We have identified several agency functions that cut across program that could benefit from a unified technological solution. This has led to the adoption of a central document management system, a central premium billing system, and central management of network storage and backup data recovery. As a strategic objective, KHPA will continue to examine opportunities for combining functions within improved technological solutions.

A specific project under this strategic objective is the purchase and installation of a web server to support our external internet site. A strategic focus of KHPA is to make information readily available to the public using our health data resources, stakeholder input and transparent decision making processes. This could be done efficiently through a robust internet environment that would allow information to be shared in a variety of ways including surveys, web videos, searchable databases and discussion boards. The current KHPA website is hosted by the Division of Information Systems and Communications (DISC) within the Kansas Department of Administration. To fully realize the potential for the KHPA site, we would propose purchasing our own web server, integrated in our technical environment, and hosting the desired internet services within KHPA. With the implementation of the Data Analytic Interface (DAI) the data sources available to KHPA will be accessible to a larger number of interested stakeholders. The website could be used as a way to receive data requests and even make some data sets available for remote analysis by researchers and others. Meeting those potential needs will require greater flexibility and capacity than our current internet environment can support.

| Strategies: | 2009 | 2010 | 2011 | 2012 |
|--|-------------|-------------|-------------|-------------|
| 2.7.1. Coordinate staff resources within program areas to meet agency needs for data analysis or programming | X | | | |
| 2.7.2. Implement unified premium billing system for HealthWave and State Employee direct billing programs | X | | | |
| 2.7.3. Implement document management system across KHPA | X | X | | |
| 2.7.4. Develop public facing website capacity to meet the needs identified in the communications plan | X | X | | |
| 2.7.5. Integrate KHPA systems to benefit from improvements in statewide accounting system | X | X | | |
| 2.7.6. Build internal staff capacity to meet programming and database application development needs | | X | X | |

Objective 2.8: Ensure legal services are provided to KHPA program areas in a responsive, competent and efficient manner.

Primary purpose: To implement a process to improve the quality of legal services.

Background/Issue Statement: The ongoing goal of the Legal Department is to deliver legal services to KHPA program areas in a highly competent and professional manner. In order to ensure that agency business and operations receive appropriate service from the legal department, staff training and communications are important. Currently, the legal staff has minimal “back-up” support. Cross-training all of the KHPA attorneys is crucial in order to ensure minimal disruption due to staff turnover or other unanticipated events. In addition, monthly client feedback sessions with the managers of the program areas the attorneys support have been instituted to ensure that the attorneys are fulfilling management’s expectations and will help to create a clear communication path between the attorneys and the program staff. Clear lines of communication will help reduce the risk of liability by early identification and aggressive management of legal issues. Both cross-training and client feedback sessions will assist in ensuring that the legal team provides its services in a competent, responsive and timely manner.

Creating a desktop reference manual and implementing a document management system will help increase the efficiency of the workflow in the Legal Department. Developing a monthly litigation report for Medicaid and SSIF program managers will help create a smooth flow of information between the attorneys and program staff. Continually improving the professional development and education of attorneys, which includes an education program that focuses on health care policy and reform, will assist in achieving KHPA’s goal of being innovative, efficient and effective.

| Strategies: | 2009 | 2010 | 2011 | 2012 |
|--|-------------|-------------|-------------|-------------|
| 2.8.1. Cross-train attorneys | X | X | | |
| 2.8.2. Conduct client feedback sessions | X | | | |
| 2.8.3. Implement desktop reference for attorneys | X | | | |
| 2.8.4. Develop litigation reports for Medicaid and SSIF program managers | X | X | X | X |
| 2.8.5. Implement master scheduling calendar | X | | | |
| 2.8.6. Implement document management system | X | | | |
| 2.8.7. Continually improve professional development and education of attorneys | X | X | X | X |
| 2.8.8. Initiate education program for attorneys which focuses on health care policy and reform | X | X | X | X |

Objective 2.9: Conduct internal audits, reviews, and investigations in accordance with applicable professional standards and in partnership with other program integrity departments and oversight agencies.

Primary Purpose: To ensure quality audits, reviews and investigations of the KHPA, to ensure the Office of Inspector General (OIG) keeps abreast of issues that other program integrity units or agencies are dealing with that may relate to OIG audits, reviews, investigations or other activities, and to ensure the Office of Inspector General (OIG) fulfills its mission and help enhance public accountability in KHPA programs and operations.

Background/Issue Statement: The Kansas Health Policy Authority (KHPA) Office of Inspector General (OIG) was created by the 2007 Kansas Legislature to provide independent oversight of KHPA, to help KHPA meet its statutory mission, and to contribute to public accountability. The OIG has the following statutory mission: To provide increased accountability and integrity in KHPA programs and operations; to help improve KHPA programs and operations; and, to identify and deter fraud, waste, abuse, and illegal acts in the State Medicaid program, the MediKan Program, and the State Children's Health Insurance Program. The OIG's enabling statute is K.S.A. 75-7427, which requires the OIG to adhere to government auditing standards. The OIG's adherence to professional standards ensures it provides objective analyses which management and parties with responsibility to oversee or initiate corrective action can use to improve KHPA program performance and operations and reduce costs.

Part of the OIG's mission is to identify and deter fraud, waste, abuse and illegal acts in the State Medicaid Program, MediKan Program and the State Children's Health Insurance Program. Entities the OIG may investigate or audit include vendors, contractors, consumers, clients and health care providers. These entities may also be investigated, reviewed or audited by other program integrity units or agencies, such as the KHPA's Surveillance and Utilization Review Subsystem (SURS) Unit and the Attorney General's Medicaid Fraud Control (MFCU) Unit, to which the OIG is statutorily mandated to refer provider fraud cases. Partnerships with these entities ensure the OIG has comprehensive information to assess issues related to its audits, reviews and investigations, and familiarity with the agencies to which it may need to refer cases.

The OIG is continually developing business practices that would ensure it fulfills its statutory mission. These business practices would ensure the OIG provides reliable, useful and timely information to management, parties with responsibility to oversee or initiate corrective action to improve KHPA program performance and operations, and reduce costs to the public. The OIG will provide independent, objective, nonpartisan assessments of the stewardship, performance and cost of KHPA policies, programs, or operations.

| Strategies: | 2009 | 2010 | 2011 | 2012 |
|--|-------------|-------------|-------------|-------------|
| 2.9.1. Complete an administrative checklist of applicable government auditing, review, and investigation standards at the start of each audit, review, and investigation the OIG conducts. | X | X | X | X |
| 2.9.2. Conduct internal quality control reviews to ensure all applicable standards are met. | | X | X | X |
| 2.9.3. Participate in peer reviews conducted by the Association of Inspectors General (AIG) and other audit organizations to which the KHPA OIG is a member. | | | | X |
| 2.9.4. Emphasize adherence to auditing, review, and investigation standards during the planning, fieldwork, and report writing phases of each audit, review, and investigation. | X | X | X | X |
| 2.9.5. Emphasize the need for high ethical standards and work ethics in conducting audits, reviews, and investigations. | X | X | X | X |
| 2.9.6. Attend trainings and participate in conferences that enhance the knowledge, skills, and abilities of OIG staff to conduct audits, reviews, and investigations | X | X | X | X |
| 2.9.7. Attend monthly Attorney General's Medicaid Fraud Control Unit (MFCU) meetings. | X | X | X | X |
| 2.9.8. Participate in monthly CMS Medicaid Integrity Group program integrity directors' conference calls. | X | X | X | X |
| 2.9.9. Meet with the MFCU director, the KHPA SURS manager, and the Internal Audit Unit manager to discuss common issues, on a monthly basis. | X | X | X | X |
| 2.9.10. Meet with other program integrity staff and participate in other meetings and conferences such as those by the Association of Inspectors General (AIG). | X | X | X | X |
| 2.9.11. Create an annual audit plan with relevant audit topics and based on an annually updated risk assessment of KHPA programs and functions. | X | X | X | X |
| 2.9.12. Be responsive to Board and management concerns, and complaints from the public. | X | X | X | X |
| 2.9.13. Calculate cost savings identified in audits, reviews and investigations. | X | X | X | X |
| 2.9.14. Refer cases of fraud, waste, abuse and illegal acts to the Attorney General. | X | X | X | X |
| 2.9.15. Follow up on past audit and review recommendations. | | X | X | X |
| 2.9.16. Submit audit and review reports, complete investigations, and respond to complaints in a timely manner. | X | X | X | X |
| 2.9.17. Use computer assisted techniques to improve audit efficiency. | X | X | X | X |
| 2.9.18. Coordinate external audits and assist external auditors, if requested. | X | X | X | X |
| 2.9.19. Submit statutorily required annual reports of OIG activities, accomplishments, and statistics. | X | X | X | X |

Objective 2.10: Provide the KHPA Board with essential management and resources to ensure effective and lawful governance and appropriate oversight of the agency's policies, programs and operations as well as the Office of Inspector General (OIG) as described in statutory language.

Primary Purpose: To provide KHPA's Board of Directors with: 1) an official governance structure to allow for proper membership and meeting structure; and 2) timely, accurate and transparent communication and information-sharing related to pertinent agency initiatives or programs to allow for appropriate agency oversight. These resources are essential for the Board to champion the agency's mission and goals, to make informed policy and management decisions, to exercise appropriate oversight of the agency's fiscal operations and the Office of Inspector General, and to evaluate the agency's program performance.

Background: The KHPA Board was established by the 2005 Legislature, and its 17 members provide independent oversight and policy-making decisions for the management and operations of KHPA. The Board is comprised of nine voting members appointed by the Governor, Speaker of the House and Senate President. The Board's eight non-voting, ex-officio members include three Cabinet Secretaries; the Director of Health, the State Insurance and Education Commissioners, and the KHPA Executive Director.

Governance Structure: Terms of service for Board members are generally three years. Upon nomination, arrangements are made for the member's mandatory confirmation by the Senate Confirmation Oversight Committee. The KHPA Board monthly meetings, annual Retreat, and monthly Committee meetings are public meetings, and appropriate meeting notice and availability of meeting materials ensure full compliance of the Kansas Open Meeting Act. KHPA has contracted with Goodell, Stratton, Edmonds and Palmer LLP to provide legal counsel to the Board as needed. An annual policy review is conducted by Board Legal Counsel to ensure accuracy and compliance of the Board governance documents including the By-Laws and Board Policies related to Conflict of Interest and Communications.

Communication and Information-Sharing: A weekly email update is provided to the Board that offers a summary of the agency's activities, staff announcements, upcoming meetings, budget and audit recommendations, and media articles. Additional critical communications are shared with the Board when necessary. The Board executive committee as well as the Finance and Audit Committee meet monthly during which time critical issues and financial reports are provided, in preparation of the monthly Board meetings. At each Board meeting, the agency's Executive Team members provide a summary of their division's priority issues, accomplishments, challenges, and upcoming key meeting dates. KHPA Executive Director and leadership staff maintain an open communication process by meeting with individual Board members when requested.

Performance of the Board: All agency policy discussions are held and decisions made by the Board of Directors during the public Board meetings. Board minutes and meeting

materials are available for viewing on the agency's public website. The Board conducts an annual self-evaluation to ensure high standards of organizational governance are being met. Critical areas which are evaluated and ranked include: a) familiarity with the agency's mission and strategic goals; b) understanding the role and responsibilities of the Board and Executive Director; c) general knowledge of the agency's organizational structure, programs and services; d) financial performance of the agency; and e) timely and transparent information-sharing. This self-evaluation is reviewed by the KHPA Board of Directors and Executive Director; and action is taken to address any challenges or improvements noted.

Performance of the Executive Director: An annual performance review of the Executive Director is completed, reviewed by the members of the Board Human Capital and Compensation Committee and submitted to the full Board for approval and/or recommendations. Each area of the Executive Director's performance review align with the overall agency goals and objectives with additional general topics of: 1) relationship to the Board and to staff; 2) leadership qualities, knowledge and skills; and 3) external and legislative relationships.

With the continued commitment and engagement of the Board of Directors and the open communication and transparency provided by the Executive Director, as well as the effective management and support provided by staff, the agency's strategic goals and objectives will be realized.

| Strategies: | 2009 | 2010 | 2011 | 2012 |
|--|------|------|------|------|
| 2.10.1. Board Performance: Regular and consistent attendance and participation in Board monthly meetings, annual Retreat, and monthly Committee meetings. | X | X | X | X |
| 2.10.2. Board Performance: Review of agency annual report and strategic plan to ensure understanding of goals and objectives. | X | X | X | X |
| 2.10.3. Board Performance: Review of agency documents and materials for clarity and conciseness to allow for an informed policy decision. | X | X | X | X |
| 2.10.4. Board Performance: Review of agency's fiscal and budget reports to ensure appropriate decision-making related to fiscal oversight. | X | X | X | X |
| 2.10.5. Board Performance: Provide appropriate oversight of the Office of Inspector General as outlined in statute and Board By-Laws; review OIG annual report to ensure understanding of goals and objectives | X | X | X | X |
| 2.10.6. Board Performance: Conduct an annual self-evaluation of Board of Directors to identify areas of concern or needing improvement. | X | X | X | X |
| 2.10.7. Board Performance: Review annual performance review of Executive Director to ensure alignment with the agency's mission, goals and objectives. | X | X | X | X |
| 2.10.8. Staff Performance: Executive Director to maintain open communication process with Board members. | X | X | X | X |
| 2.10.9. Staff Performance: Monitor terms of service for Board members to make certain appropriate reappointment and confirmation process is followed. | X | X | X | X |
| 2.10.10. Staff Performance: Ensure compliance with Kansas Open Meeting Act through public meeting notification, availability of meeting materials, and arranging for special accommodations. | X | X | X | X |
| 2.10.11. Staff Performance: Provide Board with timely and accurate communication and information, i.e. weekly email updates, meeting notices, Board materials, on-line postings. | X | X | X | X |
| 2.10.12. Staff Performance: Provide Board with timely and accurate clarification and follow-up when requested. | X | X | X | X |

Objective 2.11: Consistent with a model health agency, define the culture of KHPA to promote health and professionalism.

Background/Issue Statement:

A work engagement survey was completed by KHPA staff in November 2006 to identify areas of staff concern as well as outline significant staff values within KHPA. The results of that survey indicated that leadership, trust, energy, competence, attention to detail, and a positive work ethic were key values of the KHPA staff. Additionally, a number of steps were taken to address concerns expressed in the survey, specifically related to work volume, access to information, and fairness. Those steps included: a reorganization of the agency to streamline processes and hiring of additional staff to provide more balance for staff workload; creation of a weekly staff e-newsletter and the establishment of the KHPA Intranet to provide accurate and timely information to staff; providing market adjustments for staff compensation as authorized by State Legislature; and increased focus on staff professional development opportunities.

To build on the results of that survey, in 2008 KHPA began a focused process to engage staff in communicating their ideas and recommendations related to the agency's current values, goals and practices. Under the guidance of the Executive Director and a consultant specializing in this field, an agency Core Culture Team was established to develop this process, review staff feedback, and to make final recommendations to agency leadership. Five focus sessions were held during October 2008 with approximately 60 staff participating, during which staff provided suggestions on a desired agency culture and recommendations on how to achieve that culture. This information was summarized by the consultant, discussed and prioritized by the Core Team, and then reviewed by the Executive Team. Five key themes identified by the Core Team for a desired agency culture were related to: a) development of the Agency Strategic Plan; b) additional focus on productivity and performance; c) consistent and timely communication; d) cross-agency teambuilding; e) valued and engaged workforce.

To prepare for the implementation of the agency's culture plan, a review was made of those desired behaviors which would lend to advancing a positive agency culture. Among those specific behaviors were: Effective Communication, Solutions and Teamwork-Oriented, Transparency in Action, and High Standards/Positive Work Ethic. These desired behaviors will be incorporated into the KHPA performance management system and recruitment and selection processes.

The Core Team will now take specific steps to begin implementation of these recommendations which are: 1) assignment of a Project Manager to direct the culture efforts for the agency; 2) assignment of specific teams to address communication and team building; 3) advancement of a new performance management system and continuing focus on staff training and leadership development; 4) establishment of a quarterly meeting schedule for the Core Team for regular monitoring of the culture efforts.

Goal 2

Through leadership and management best practices, KHPA will be a desired place to work and KHPA programs and services will be recognized as innovative, efficient and effective.

The on-going goal of this initiative is to develop a culture within the agency focused on professionalism, health awareness, teamwork, and leadership. KHPA staff participated in a number of focus group sessions to provide feedback related to the current agency culture and to develop recommendations for those areas needing to be modified or improved.

Goal: Plans are being made to implement specific recommendations throughout 2009 for full implementation by 2010.

| Strategies | 2009 | 2010 | 2011 | 2012 |
|---|------|------|------|------|
| 2.11.1. Develop new KHPA culture focused on health and professionalism, health awareness, teamwork and leadership | X | | | |
| 2.11.2. Integrate KHPA culture into HR policies and operations by ensuring policies and operations support desired core behaviors | X | | | |
| 2.11.3. Evaluate changes and continuous quality improvement | | X | X | X |
| 2.11.4. Incorporate desired behaviors into KHPA performance management system, recruitment and selection processes and training | | X | X | X |

Objective 2.12: Develop KHPA staff through deliberate training and evaluation of development opportunities.

Primary purpose: To provide agency staff training opportunities to strengthen and enhance job performance and to promote professional learning and development opportunities to prepare agency staff for career advancement.

Background/Issue Statement: Stabilizing and growing the KHPA as an agency requires focused attention on staff development. A cross-agency training team was chartered in 2007 to identify training needed for agency job responsibilities as well as to identify training courses that develop professional skills in return for improved performance and efficacy. Additionally, the culture focus groups have provided additional direction on training plans for the professional development. The cross-agency training team will continue to provide guidance on particular trainings to be made available to KHPA employees, as well as evaluate the success and impact of the agency training initiative.

The agency will continue to conduct the KHPA Leadership Academy, which focuses on providing educational training to staff at all levels, preparing them to be well-versed on a variety of health and health-care related topics. The academy is taught by agency staff.

Leveraging resources from the State of Kansas Statewide Training and Action Team (STAT) as well as our peer agencies, KHPA maintains access to a variety of training curriculum. Feedback from the culture initiative will result in training opportunities focused around performance management, in-services, new employee orientation and effective teams.

In addition to tracking the effectiveness of training, KHPA will build evaluation processes to build into a return on investment (ROI) pilot. Using return on investment methodologies, KHPA will track data responses to and impact of the training courses provided to KHPA staff. This cost/benefit exercise will be used to determine the returned value of the agency training program and provide data on which programs and courses return the greatest value.

| Strategies: | 2009 | 2010 | 2011 | 2012 |
|--|-------------|-------------|-------------|-------------|
| 2.12.1. In consultation with the cross-training team, draft staff training plan and professional development goals including evaluation planning | X | | | |
| 2.12.2. Conduct KHPA Leadership Academy for staff on health reform and health policy issues | X | X | X | |
| 2.12.3. Develop comprehensive catalog of required and desired training opportunities focused on core knowledge and skills. | X | X | X | X |
| 2.12.4. Evaluate training program and pilot calculation of return on investment (ROI) | X | X | X | |

Objective 2.13: Develop a seamless human resources system that supports agency initiatives, fosters professional growth and development and establishes KHPA as an employer of choice.

Primary Purpose: To provide effective management and leadership tools that create and maintain a high performing culture and to recruit and retain highly qualified and effective employees to the KHPA

Issue Statement: An important element to create and sustain an effective work culture within KHPA is the continued growth and development of a robust performance management and recruitment system. Building on feedback from the culture initiative, core performance behaviors and expectations are being developed. These shared behaviors and expectations will be integrated into the agency's performance management system and performance review tool, becoming every day expectations for KHPA employees.

These behaviors and expectations will also be incorporated into the agency's recruitment strategies and used to evaluate and select new employees through the interview process. Building on current interview processes, KHPA will develop an interview question bank as a resource for supervisors as they prepare for interviews. Skills, experience and knowledge based questions will be supplemented with behavioral event interview questions to help identify candidates that will be the best fit to a particular position as well as the agency.

As the KHPA Human Resources (HR) function continues to mature and expand, obtaining delegated authority for the agency's classified positions will result in enhanced services to the agency. Aligning this function at the agency level allows faster response times and develops HR classification analysts that are experts in the KHPA fields.

As the agency incorporates the core performance behaviors and expectations into the performance management system, training for supervisors will ensure consistency in application of those expectations as well as improved communication with staff. In 2008, KHPA began partnering with the University of Kansas Public Management Center for Basic Supervisory Training. This supervisory training will be supplemented with performance management training specific to the tools and practices of KHPA.

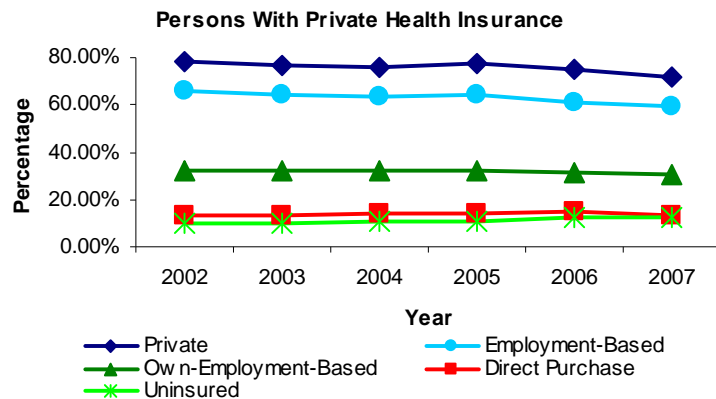
| Strategies: | 2009 | 2010 | 2011 | 2012 |
|---|------|------|------|------|
| 2.13.1. Integrate best practices into the KHPA performance management system | X | X | X | X |
| 2.13.2. Develop and deliver a recruitment system which identifies and recruits top performers | X | X | X | X |
| 2.13.3. Obtain delegated classification authority | X | X | | |
| 2.13.4. Implement performance management training for supervisors | | X | | |
| 2.13.5. Develop and roll-out interview question bank | | X | X | X |

| KHPA Agency Performance/Budget Measures | | | | | |
|--|-------------------|-------------------|---------------------|---------------------|---------------------|
| Goals | FY 2007 Actual | FY 2008 Actual | FY 2009 Estimate | FY 2010 Estimate | FY 2011 Estimate |
| Goal 1: The KHPA will advance a consistent coordinated health policy agenda informed by rigorous data analysis and stakeholder input. | | | | | |
| <i>Number of Kansas health indicators monitored through Data Consortium dashboard:</i> | | | | | |
| Access to Care | n/a | 19 | | | |
| Health & Wellness | n/a | 33 | | | |
| Quality & Efficiency | n/a | 23 | | | |
| Affordability & Sustainability | n/a | 17 | | | |
| <i>Number of Kansans participating in KHPA committees and stakeholder meetings:</i> | | 1,401 | 1,500 | 1,500 | 1,500 |
| (1) Advisory Councils | | 160 | | | |
| (2) Community Dialogue | | 497 | | | |
| (3) Other Public Forums | | 640 | | | |
| (4) Medical Advisory Councils/committees | | | | | |
| (5) Special Project working groups (i.e medical home, small business ins) | | 104 | | | |
| <i>Kansas Health Online (consumer website) utilization measures:</i> | | | | | |
| KHO Website hits | n/a | 395,846 | 400,000 | 500,000 | 500,000 |
| Unique visitors | n/a | 9,341 | 10,000 | 15,000 | 20,000 |
| Page views | n/a | 69,146 | 100,000 | 200,000 | 300,000 |
| | | | | | 1,000,000 |
| KHPA website hits | n/a | 102,572 | 850,000 | 1,000,000 | 0 |
| Unique users | n/a | 18,927 | 63,760 | 80,000 | 100,000 |
| <i>Data Analytic Interface utilization measures:</i> | | | | | |
| Number of integrated data sets | | n/a | 3 | 4 | 5 |
| Number of DAI users: | | n/a | 50 | 150 | 150 |
| Number of reports: | | n/a | 99 | 200 | 250 |
| <i>Data analysis and research measures:</i> | | | | | |
| Number of completed studies requested by legislature | 7 | 0 | 20 | | |
| Amount of external grant funding for research | \$612,697 | \$414,829 | \$268,313 | \$737,321 | \$165,000 |

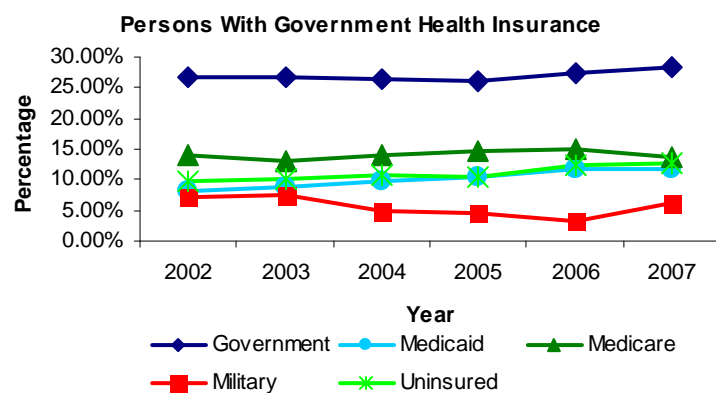
| Goals | FY 2007 Actual | FY 2008 Actual | FY 2009 Estimate | FY 2010 Estimate | FY 2011 Estimate |
|---|-------------------|-------------------|---------------------|---------------------|---------------------|
| Goal 2: Using leadership and management best practices, KHPA will be a desired place to work and KHPA programs and services will be recognized as innovative, efficient and effective. | | | | | |
| <i>Development and implementation of Medicaid Transformation Plan</i> | | | | | |
| Number of Medicaid program reviews | | 14 | 12 | 10 | 10 |
| Number of Medicaid improvement recommendations | | 30 | 20 | 20 | |
| <i>Enrollment in the State Employee Health Plan (by plan year)</i> | | | | | |
| Number of employees | 35,368 | 36,142 | 36,183 | 36,183 | 36,183 |
| Number of dependents | 31,102 | 32,737 | 33,392 | 33,392 | 33,392 |
| Number of individuals in non-state groups | 9,875 | 12,017 | 13,457 | 14,897 | 16,337 |
| <i>SEHP financial measures (by plan year)</i> | | | | | |
| Cost per capita | \$3,651 | \$3,986 | \$4,245 | \$4,521 | \$4,815 |
| Average insurance premium for singles | \$371.95 | \$389.36 | \$407.41 | \$433.89 | \$462.10 |
| Average insurance premium for families | \$1,036.89 | \$1,090.22 | \$1,140.75 | \$1,214.90 | \$1,293.87 |
| Administrative cost ratio for SEHP | 2.9% | 4.6% | 5.4% | 4.9% | 4.7% |
| <i>Workers Compensation financial measures</i> | | | | | |
| Number of cases processed | 4,594 | 4,915 | 4,743 | 4,741 | 4,736 |
| Number of cases closed | 2,687 | 3,122 | 2,952 | 2,954 | 2,955 |
| Administrative Costs | \$3,316,066 | \$4,000,721 | \$3,834,417 | \$5,182,065 | \$5,133,150 |
| Administrative cost ratio for Workers Comp | 15.09% | 15.96% | 13.78% | 16.83% | 16.83% |
| Claims Cost | \$18,658,362 | \$21,067,799 | \$24,000,000 | \$25,600,000 | \$26,000,000 |
| Claims as % Cost | 84.9% | 84.0% | 86.2% | 83.2% | 83.2% |
| <i>Enrollment Medicaid or HealthWave</i> | | | | | |
| Average Number of children enrolled | 187,258 | 191,605 | 197,072 | 203,820 | 210,954 |
| *Number of Income Eligible Children | 232,258 | 227,605 | 233,072 | 239,820 | 246,954 |
| Average Number of pregnant women enrolled | 6,502 | 6,910 | 6,533 | 6,622 | 6,843 |
| Average Number of disabled individuals enrolled | 49,445 | 51,581 | 54,132 | 56,360 | 58,554 |
| Number of elderly individuals enrolled | 31,575 | 32,646 | 33,355 | 34,022 | 34,675 |
| Number of individuals enrolled in MediKan | 3,852 | 3,146 | 3,175 | 3,273 | 3,366 |
| <i>*Assumes maintenance of current income eligible level of 200% or less of FPL</i> | | | | | |

| Goals | FY 2007 Actual | FY 2008 Actual | FY 2009 Estimate | FY 2010 Estimate | FY 2011 Estimate |
|---|-------------------|-------------------|---------------------|---------------------|---------------------|
| Goal 2: Using leadership and management best practices, KHPA will be a desired place to work and KHPA programs and services will be recognized as innovative, efficient and effective. | | | | | |
| <i>Medicaid/HealthWave financial measures (health care spending only or regular Medicaid only; long term care costs in SRS, KDOA, and waiver program budgets)</i> | | | | | |
| Spending on children per capita | \$3,397 | \$3,614 | \$3,672 | \$3,759 | \$3,853 |
| Spending on pregnant women per capita | \$8,617 | \$11,557 | \$11,074 | \$11,359 | \$11,700 |
| Spending on disabled individuals per capita | \$7,412 | \$8,044 | \$8,237 | \$8,467 | \$8,730 |
| Spending on elderly individuals per capita | \$2,913 | \$2,934 | \$2,916 | \$3,028 | \$3,067 |
| Spending on individuals in MediKan per capita | \$7,562 | \$5,966 | \$5,981 | \$6,072 | \$6,080 |
| Administrative cost ratio for Medicaid/HealthWave | 6.45% | 6.22% | 6.00% | 5.80% | 5.80% |
| <i>Strategic plan development</i> | | | | | |
| Number of objectives developed for each year of five year plan | | 15 | 16 | 15 | 14 |
| Number of objectives implemented each year of five year plan | | | | | |
| Number of additional objectives added to strategic plan | | | | | |
| <i>Staff leadership and development measures</i> | | | | | |
| Number of employees working for Medicaid/HealthWave | 125 | 125 | 125 | 125 | 125 |
| Number of employees working for SEHP | 23 | 25 | 25 | 26 | 26 |
| Number of employees working in Workers Comp | 21 | 18 | 18 | 20 | 20 |
| KHPA employee Separations (excluding retirements) | 9% | 11% | | | |
| KHPA employee Retirements | 2% | 4% | | | |
| Number of KHPA employees promoted | 26 | 31 | 22 | 10 | 10 |
| Number of staff policies developed and evaluated | 43 | 15 | 20 | 20 | 20 |
| Number of employees participating in KHPA culture initiative | n/a | 62 | 80 | 100 | 100 |
| Number of employees attending KHPA sponsored training | n/a | 998 | 750 | 800 | 800 |
| Number of communications provided through KHPA intranet | | | | | |
| <i>Interagency collaboration</i> | | | | | |
| Number of signed interagency agreements | 3 | 3 | 3 | 4 | 4 |
| number of interagency collaborations/projects | | | | | |

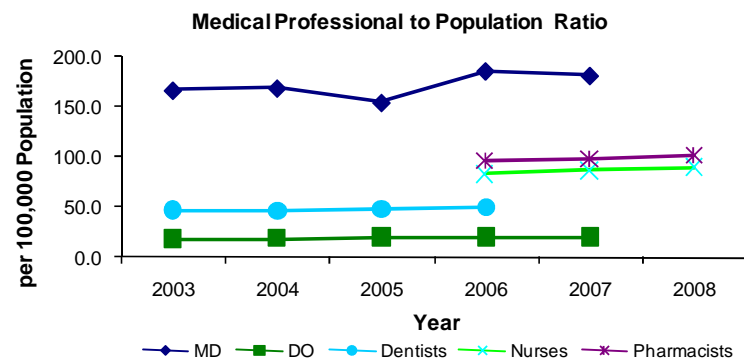
Access To Care



Source: Current Population Survey (CPS)

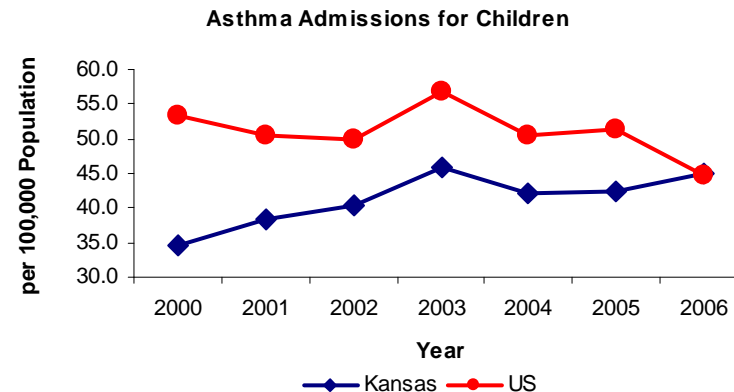


Source: Current Population Survey (CPS)

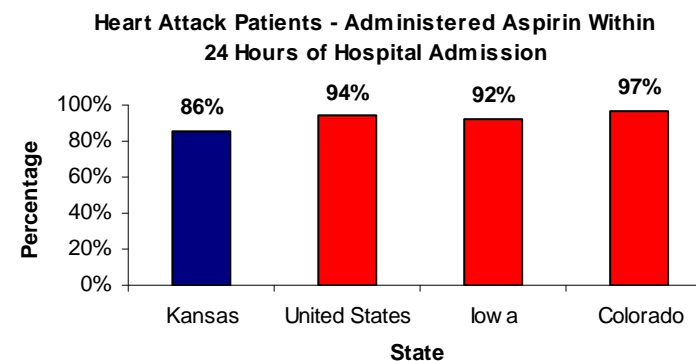


Sources: KHDE Center for Health & Environmental Statistics;
KHPA Medical Licensure Database

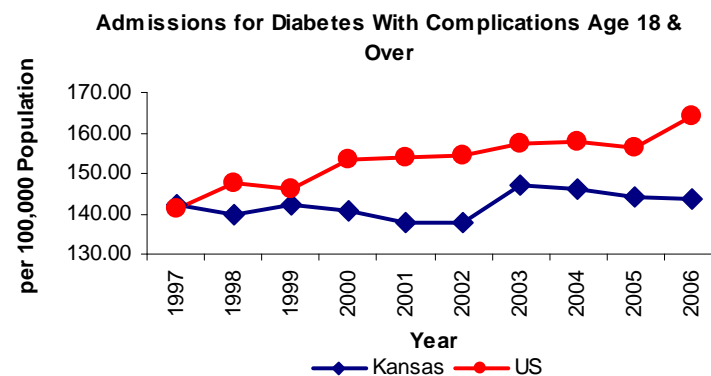
Quality & Efficiency



Source: AHRQ HCUPnet



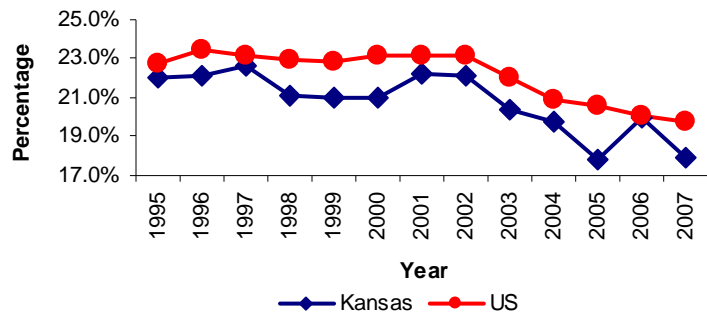
Source: Hospital Compare (2007)



Source: AHRQ HCUPnet

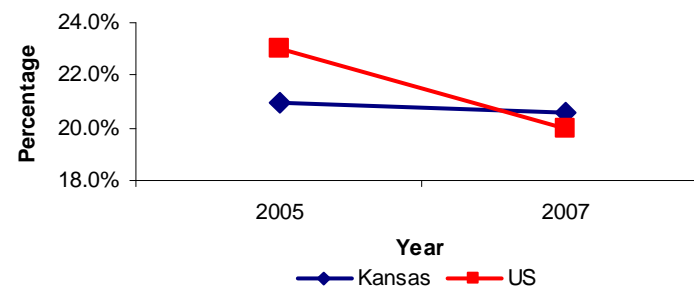
Health & Wellness

Percentage of Adults Who Currently Smoke Cigarettes



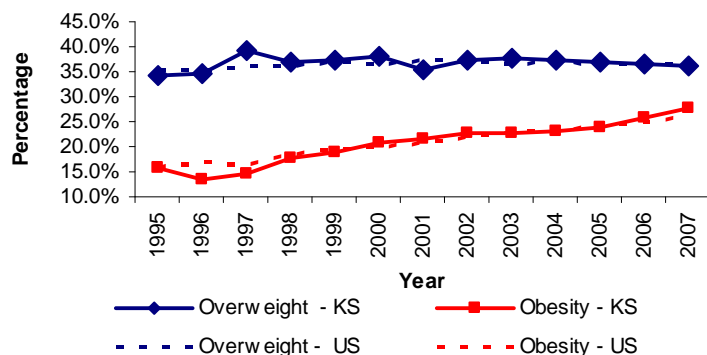
Source: Behavioral Risk Factor Surveillance System

Percentage of Adolescents Who Currently Smoke Cigarettes



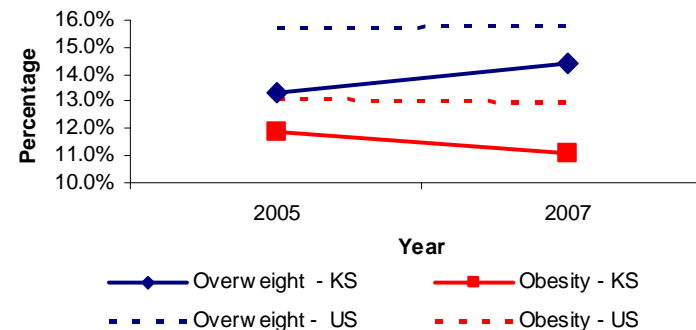
Source: Youth Risk Behavior Surveillance System

Percentages of Adults Who are Overweight or Obese



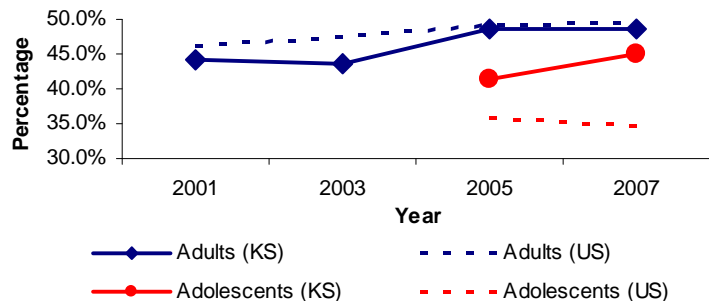
Source: Behavioral Risk Factor Surveillance System

Percentage of Adolescents Who are Overweight or Obese



Source: Youth Risk Behavior Surveillance System

Percentage of Adolescents & Adults Who Participate in Recommended Levels of Physical Activity

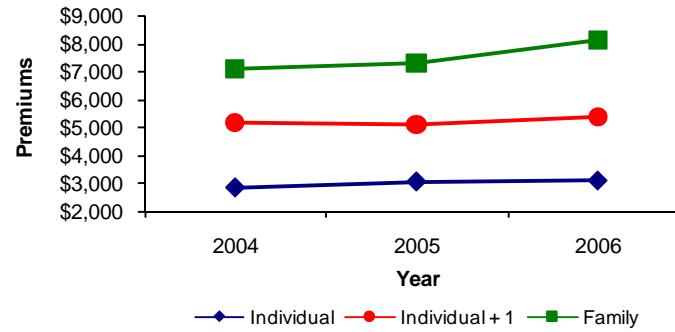


Source: Behavioral Risk Factor Surveillance System (Adults)

Source: Youth Risk Behavior Surveillance System (Adolescents)

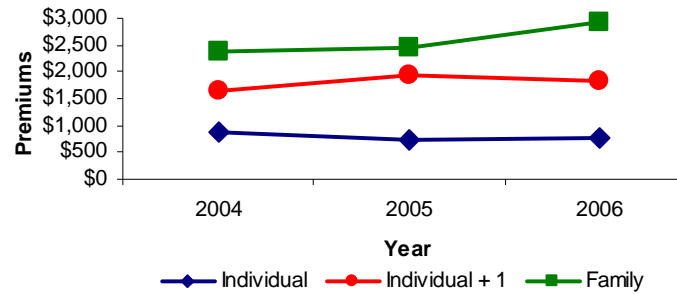
Affordability & Sustainability

Average Employer Contribution for Individual, Individual + 1, & Family Health Insurance Plans



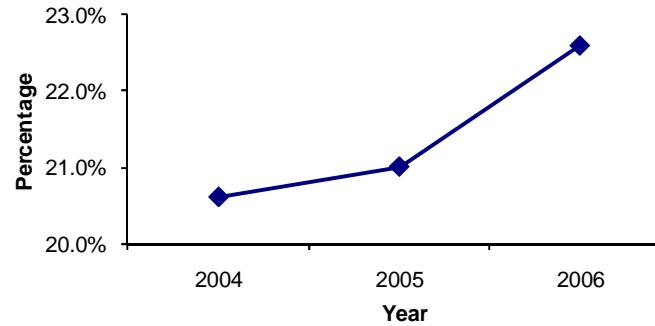
MEPS – Medical Expenditure Panel Survey

Average Employee's Share of Premium for Individual, Individual + 1, & Family Health Insurance Plans



Source: MEPS – Medical Expenditure Panel Survey

Average Costs of Co-insurance



Source: MEPS – Medical Expenditure Panel